

## Chris Aquino

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**From:** WMATC E-Filing <administrator@wmatc.gov>  
**Sent:** Wednesday, January 21, 2015 12:27 PM  
**To:** Constantine Kolouas; Chris Aquino  
**Subject:** 2015 Annual Report - WMATC No: 56, Carrier Name: Georgetown University  
**Attachments:** 54bfe16a6cd60-FLEET ID LIST.docx

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### Washington Metropolitan Area Transit Commission 2015 Carrier Annual Report Form

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#### **FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2015, must file a complete 2015 annual report and pay a \$150 annual fee on or before **February 2, 2015**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2015.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

#### **1. ANNUAL REPORT OF:**

**WMATC No.:** 56

**Name of Carrier (as shown on certificate of authority):** Georgetown University

**Trade Name:** Georgetown University Transportation Shu

**Principal Place of Business**

**Street Address:** 3700 O Street, NW Kennedy Hall Mezzanine

**Apt./Suite:**

**City:** Washington

**State:** DC

**Zip:** 20057-0003

**Mailing Address (if different from street address)**

**Street:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:** (202)687-6877

**Other Telephone:** (202)687-4372

**Fax Number:** (202)687-6634

**E-mail:** [nocksmid@georgetown.edu](mailto:nocksmid@georgetown.edu)

**2. OTHER PASSENGER CARRIER AUTHORITY** (if applicable, list carrier/permit number):

**USDOT No.:** 469279

**DCTC No.:**

**Virginia DMV passenger carrier No.:**

**Maryland PSC No.:**

**3. CARRIER CONTACT PERSON** (at mailing address to whom we should direct inquiries):

**Name:** Diann N. Smith

**Title:** Director

**Telephone Number:** (202)687-6877

**Other Telephone:** (202)687-4372

**Fax Number:** (202)687-6634

**E-mail:** [nocksmid@georgetown.edu](mailto:nocksmid@georgetown.edu)

**4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS**

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

**Name of Registered Agent for Service of Process:**

**Agent Address:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:**

**E-mail:**

**5. \*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

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**6. \*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

<b>Fleet No.</b>	<b>Year*</b>	<b>Make*</b>	<b>Vehicle VIN*</b>	<b>License Plate*</b>	<b>State*</b>	<b>Seating Cap.*</b>	<b>Wheel Chair</b>

**\*Your vehicle list was attached to your submission.**

**7. \*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** Diann N. Smith

**Title:** Director

**Date:** 01/21/2015

# FLEET ID LIST

FLEET NUMBER	MODEL YEAR	MAKE	VIN (17 DIGITS)	PLATE	STATE REGISTERED	CAPACITY
1	2005	THOMAS	1T7YT2A2751154862	B41415	DC	45
2	2005	THOMAS	1T7YT2A2551154861	B41414	DC	45
3	2005	NAVISTAR	1HVBTA8M8SH116808	B41412	DC	26
4	2006	BLUE BIRD	1BABNBKA56F236123	B42601	DC	41
5	2006	BLUE BIRD	1BABNBKAB6F236119	B42607	DC	41
6	2006	BLUE BIRD	1BABNBKA16F236118	B42608	DC	41
7	2006	BLUE BIRD	1BABNBKA16F236126	B42600	DC	34
8	2006	BLUE BIRD	1BABNBKA16F236121	B45433	DC	41
9	2006	BLUE BIRD	1BABNBKA16F236125	B42605	DC	34
10	2006	BLUE BIRD	1BABNBKA16F236122	B42604	DC	41
11	2006	BLUE BIRD	1BABNBKA16F236124	B42602	DC	41
12	2006	BLUE BIRD	1BABNBKA16F236120	B42606	DC	41
13	2006	BLUE BIRD	1BABNBKA16F236117	B42609	DC	41
14	2006	FREIGHTLINER	4UZAAZDD96CW21548	B42611	DC	26
15	2006	FREIGHTLINER	4UZAAZDD66CW19479	B42612	DC	26
16	2006	FREIGHTLINER	4UZAAZDD06CW21549	B42610	DC	26
17	2012	DODGE	2D4RN4DG1BR778956	DZ6827	DC	4
18	1993	FORD	1FDJE37MXPB83026	B35380	DC	16